

KENYAN WOMEN COMBAT AIDS STIGMA

Outreach and support efforts enable people to overcome fear of testing

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Ruth Abwao Bandi knows firsthand about HIV-related stigma. As a nurse in western Kenya, she has seen how stigma affects the lives of her HIV-positive patients. As a counselor, she has advised dozens of clients who fear social isolation if they test positive. And as the widow of a man who died of AIDS, she herself – convinced that she had contracted HIV from him – learned how crippling stigma can be.

These experiences transformed Bandi into a tireless advocate for post-test HIV counseling and for community-based programs to end stigma. In 2003, she founded a post-test club and a post-test support group – both of which help people understand and respond proactively to the results of their HIV tests – at the Butere District Hospital. She also works with hospital staff and the larger Butere community to counter prejudices about HIV-positive people.

Bandi's outgoing and empathetic personality has helped her counseling and outreach efforts, as has the training she received from the Society of Women Against AIDS/Kenya (SWAK). SWAK teaches counselors how to set up post-test clubs, with support from the Implementing AIDS Prevention and Care (IMPACT) Project, managed by Family Health International.*

'I Thought I Was Also Dead'

In 1997, Bandi learned that her husband, who was staying temporarily in Mombasa, was desperately ill. When she rushed to his hospital bed, she found him semi-conscious and alone – and saw clear signs that he had AIDS.

Stung by the attitudes of the Mombasa hospital staff who, also suspecting AIDS, had neglected her husband's care, Bandi took him to the Kakamega General Hospital, where she was working at the time. When a test revealed he was infected with HIV, he finally admitted he had contracted the virus five years before. Bandi was devastated.

"I thought I was also dead," she says.

Bandi nursed her husband until his death a few months later. After his funeral, she had herself tested at Kakamega – and was astonished to learn she was HIV-negative. She was convinced her hospital colleagues had concealed the true result to spare her more stress. Over the next

few years, it took three more tests – and three more sets of negative results – to convince her that she was free of HIV.

By then, she had taken a course in HIV counseling at Kakamega. With her new skills, she became increasingly aware of how few Kenyans knew their serostatus, and vowed to do something about it.

Post-Test Support

In 2000, Bandi took a nursing job at the Butere District Hospital in western Kenya, which at the time had no HIV counseling or testing services and no other staff with counseling skills. She soon initiated informal counseling sessions for hospital patients who had symptoms of HIV disease but had not been tested because they feared stigma. Away from the treatment wards, often during lunch breaks, Bandi explained the importance of getting tested to all who would listen, often using her own story to break the ice. Word about her soon spread, and women, especially widows, began flocking to the hospital to talk to her.

"Women's need for information about AIDS and how to get tested was overwhelming," says Bandi. "The response was so great that some in the community felt threatened, including a man who hurled abuses at me, accusing me of promoting HIV testing as a way to escape from the tradition of wife inheritance [where widows are forced to marry the brothers of their dead husbands] found throughout this part of Kenya."

But Bandi's detractors did not slow her down. In addition to her counseling activities, she added information about HIV and mother-to-child transmission of the virus during health education presentations to pregnant women at Butere's Maternal and Child Health Clinic. She held meetings with hospital officials to build their awareness of HIV and discuss how the hospital could respond better to the disease. To expand Butere's counseling capabilities, Bandi arranged training for three more nurses.

Unwilling to wait until the hospital could set up HIV testing facilities, Bandi decided to start testing clients on her own. But without post-test counseling or support groups to help them deal appropriately with their test results and learn to lead healthful lives, Bandi felt her efforts did not adequately serve her clients.

At this point, Bandi sought assistance from SWAK, whose coordinator she had met at the hospital. SWAK is affiliated with the Society of Women Against AIDS, an organization that, since 1988, has mobilized women across Africa in the fight against AIDS. She enrolled in a SWAK workshop to learn how to set up post-test and support groups, and soon started the Tushauriane Post-Test Club at Butere. The club eventually became all-female when male members dropped out



after finding it difficult to discuss their emotions.

After training sponsored by SWAK helped members set guidelines for choosing members, the club formed a second organization — the Tushauriane Support Group — specifically for those testing HIV-positive, while the original post-test club decided to accept anyone who has been tested, HIV-positive or —negative.

SHOWING THE HUMAN FACE OF AIDS

Members of both groups regularly visit the homes of people living with HIV and AIDS to reduce stigmatization within the family and immediate neighborhood. By revealing their own HIV-positive serostatus, they show the “human face” of AIDS and thus help increase acceptance among those in the best position to offer care and support. Visiting homes also allows members to give advice and hope directly to people who are ill and to educate caregivers about caring for family members and where to take them for treat-

ment. Now that antiretroviral therapy is available in the region, members include information about how to apply to treatment programs.

The support group, with a current membership of 62, has become very active. With funding from the National AIDS Control Council and a loan from the Kenya Rural Economic Enterprise, a local microfinance institution, this group offers training in counseling and to caregivers on the basics of medical care for persons living with AIDS. With a growing membership, it has expanded operations to five sites near the Butere District Hospital. The group has increased its visibility by participating in such public activities as World AIDS Day and World Vaccine Day, which has further lessened stigma. A new all-male section of the group now has 22 members.

The outreach activities of both the post-test club and support group have had a significant effect on the Butere community. The open-

ness of members about discussing the disease has helped ease stigmatization of HIV-positive neighbors.

“Before the formation of these groups, one couldn’t talk of AIDS in Butere,” says Bandi. “But now, the groups spread the word in the villages, even in individual homes.”

In western Kenya, SWAK has helped women like Bandi establish 25 post-test clubs — some with as many as 80 members — and 15 support groups. SWAK continues to support these groups with follow-up training and assistance.

For more information, visit www.fhi.org.

*IMPACT, managed by Family Health International, is funded by the President’s Emergency Fund for AIDS Relief through the U.S. Agency for International Development.